



**APPLICATION FOR  
INDIVIDUAL,  
DIVISION I OR II,  
OR SPECIALITY CONTRACTOR**

**If the Individual that is being registered with St. Lucie County needs to be sponsored, please complete the following:**

St. Lucie County sponsorship of candidates for a contractor competency examination, determined by Exporior, the testing agency, will be provided solely to those individuals who have submitted the following:

1. The four (4) pages of the St. Lucie County Application.
2. Prescribed application fee: \$150.00 (Subject to change)
3. Full Faced View Passport Type Photograph of Applicant – **NO COPIES**
4. An **ORIGINAL** letter of recommendation from an active contractor reflecting the required field experience for the type of exam requested.
5. Complete the Sponsorship Form and submit the prescribed sponsorship fee for each exam ordered:
6. \$100.00 fee for exams over four (4) hours or more, or  
\$75.00 fee for exams over two (2) hours or more and under four (4) hours, or  
**AND**  
\$50.00 fee for the required Business and Law exam

**If the Individual that is being registered with St. Lucie County is reciprocating from another county, a Letter of Reciprocity is needed.**

**Applicant is responsible for making sure application is complete prior to cut-off date.**

**Board Dates are scheduled quarterly on the 3<sup>rd</sup> Wednesday of the month and the cut-off date is the 1<sup>st</sup> Friday.**

**(The Board meeting schedule is at the end of the application)**

Please continue with the following check list to complete the application.

## CHECK LIST

- \_\_\_ 1. Application – Completely filled out, no blanks
- \_\_\_ 2. A Full Faced View Passport Type Photograph of Applicant - **NO COPIES**
- \_\_\_ 3. Application Fee: \$150.00 (Subject to change)
- \_\_\_ 4. Three (3) **ORIGINAL** Letters of Recommendation from reputable business corporations or professionals, not related by blood or marriage to the applicant. Each letter must be on letter head, dated, signed by the license holder and addressed to St. Lucie County. These letters are to vouch for the applicant's knowledge, experience, and ability as well as to the applicant's reputation as to honesty, integrity and good character. **At least one ORIGINAL letter shall be from a certified contractor or registered contractor with the Florida Department of Professional Regulation or from the State in which the applicant most recently resided. The Contractors certified or registered license number shall be reflected in the letter.** One or more of the **ORIGINAL** letters shall provide written proof of having the required years of field experience. Check with Contractor Certification staff for current field experience requirements.
- \_\_\_ 5. A **Personal** Financial Statement that is signed/dated and not over six (6) months old. The enclosed Examining Boards approved Financial Statement may be completed & submitted. The financial statement submitted must reflect current net worth requirements for category being applied for and must be notarized. Check with the Contractor Certification staff for minimum net worth requirements. The value of an applicant's primary residence shall not be considered in determining the applicant's net worth, but must be reflected in the financial statement. ***Please note: St. Lucie County Staff cannot notarize Financial Statements.***
- \_\_\_ 6. Provide a current and valid Certificate of Insurance on the individual for General Liability and Workers' Compensation.  
The certificate of insurance shall be as prescribed by County Code of Ordinances and Compiled Laws and the Florida Construction Industry Licensing Board. The Certificate should contain:
  - a. Policy Number, Effective Date & Expiration Date
  - b. Cancellation Statement shall be completed and signed by Insurance Agent
  - c. Certificate Holder should read:
 

**St. Lucie County Contractor Certification**  
**2300 Virginia Avenue**  
**Fort Pierce, Florida 34982**
  - d. The Certificate of Insurance shall be with an Insurance Company authorized to do business in the State of Florida and reflect coverage for the State of Florida.
  - e. Please make sure that the Business Name, Workers' Compensation/Liability "Insured" name and the State License name (if applicable) all match **EXACTLY.**

	<b><u>GENERAL LIABILITY</u></b>	<b><u>PROPERTY DAMAGE</u></b>
General & Building Contractors	\$300,000	\$50,000
Residential Contractor Minimum of	100,000	25,000
All other types & classes of Contractors-Minimum of	100,000	25,000

- \_\_\_ 7. Affidavit from Florida Department of state, Division of Corporations, that applicant has complied with the State Fictitious Name Law, (if applicable).
- \_\_\_ 8. A Personal Credit Report on the Applicant is required. THE CREDIT REPORT SHOULD BE ADDRESSED TO:

ST. LUCIE COUNTY CONTRACTOR CERTIFICATION  
2300 VIRGINIA AVENUE  
FORT PIERCE, FL 34982

**THE ORIGINAL CREDIT REPORT NEEDS TO BE MAILED BY THE CREDIT BUREAU DIRECTLY TO ST. LUCIE COUNTY CONTRACTOR CERTIFICATION.** A Credit Report cannot be used if it is over six (6) months old. All CREDIT REPORTS WILL NEED TO CONTAIN A PUBLIC RECORDS CHECK AND CONTAIN SUFFICIENT CREDIT INFORMATION, SO THAT THE COUNTY EXAMINING BOARD MAY DETERMINE AN ACCURATE CREDIT STATUS.

- \_\_\_ 9. Letter of Reciprocity from the County/City where the Block Prepared, Proctored and Graded Exam was taken and the applicant obtained grade of 70.0% or higher.
- \_\_\_ 10. Provide copy of applicant's current and valid State Registration, if applicable.

**ALL NOTARIZED DOCUMENTS MUST HAVE THE ORIGINAL SUBMITTED.**

ALL DOCUMENTS REQUIRED BY COUNTY CODE OF ORDINANCES AND COMPILED LAWS, FOR CERTIFICATE OF COMPETENCY, SHALL BE SUBMITTED TO THE COUNTY CONTRACTOR CERTIFICATION ON OR BEFORE THE CUT-OFF DATES PROVIDED BY THIS DIVISION WITH YOUR APPLICATION. CONTACT THIS DIVISION IF IN DOUBT OF THE CUT-OFF DATE. A CUT-OFF DATE HAS BEEN DESIGNATED FOR EACH MONTHLY SCHEDULED EXAMINING BOARD MEETING. **CUT-OFF DATES SHALL BE ENFORCED.**

**MAILING ADDRESS FOR ALL REQUIRED DOCUMENTS:**

ST. LUCIE COUNTY  
CONTRACTOR CERTIFICATION  
2300 VIRGINIA AVENUE  
FT. PIERCE, FL 34982-5652  
(772) 462-1672  
(772) 462-1673  
(772) 462-1148 - Fax

# ST. LUCIE COUNTY APPLICATION

App. Fee: \_\_\_\_\_ Date: \_\_\_\_\_ Certificate #: \_\_\_\_\_

**DO NOT WRITE ABOVE THIS LINE**

**INSTRUCTIONS:**

PAYMENT IS REQUIRED AT THE TIME OF SUBMITTING AN APPLICATION TO COUNTY EXAMINING BOARD. **APPLICATION FEES ARE NOT REFUNDABLE. ALL CHECKS WILL BE MADE PAYABLE TO: ST. LUCIE COUNTY.** THE APPLICATION IS AN AGREEMENT AUTHORIZING THE EXAMINING BOARD TO OBTAIN ANY ADDITIONAL INFORMATION CONCERNING THE APPLICANT'S APPLICATION. THIS INFORMATION MAY CONCERN THE APPLICANT'S FINANCIAL, CREDIT, COLLECTIONS, TAX LIEN STATUS' AND JUDGMENTS. A CONVICTION OF A FELONY IN THE LAST FIVE YEARS MAY RESULT IN A DENIAL OF YOUR LICENSE, PER ST. LUCIE COUNTY CODE OF ORDINANCES.

**(CHECK ONE)**

**CONTRACTOR TYPE**

- (1) GENERAL \_\_\_\_\_  
(2) BUILDING \_\_\_\_\_  
(3) RESIDENTIAL \_\_\_\_\_  
(4) PLUMBING \_\_\_\_\_  
(5) ELECTRICAL \_\_\_\_\_  
(6) A/C \_\_\_\_\_  
(7) SPECIALTY \_\_\_\_\_  
(NAME ONE): \_\_\_\_\_

PLEASE PLACE  
PHOTOGRAPH OF  
APPLICANT HERE.  
PHOTO MUST BE FULL-  
FACED VIEW  
APPROXIMATELY 2"x 2".  
A CLEAR &  
RECOGNIZABLE  
LIKENESS.

APPLICANT'S SOCIAL SECURITY #: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

I AM QUALIFYING FOR: ( ) INDIVIDUAL ( ) PARTNERSHIP ( ) CORPORATION ( ) COMPANY

NAME OF FIRM OR COMPANY: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ BUSINESS. PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TITLE: \_\_\_\_\_ # OF YEARS: \_\_\_\_\_ FAX #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

CITIZEN OF UNITED STATES: YES ( ) NO ( )

GRADE SCHOOL: \_\_\_\_\_ YRS. HIGH SCHOOL: \_\_\_\_\_ YRS. COLLEGE \_\_\_\_\_ YRS.

TRADE SCHOOL OR SPECIAL COURSE: \_\_\_\_\_

FLORIDA DRIVER'S LICENSE NUMBER: \_\_\_\_\_

1. GIVE HISTORY OF YOUR EXPERIENCE IN THE CONSTRUCTION BUSINESS DURING THE LAST TEN (10) YEARS. (STATE LENGTH OF TIME IN EACH FIELD AND EMPLOYER.)

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2. LIST ALL BUSINESSES APPLICANT OWNS OR HAS OWNED IN THE PAST FIVE (5) YEARS.

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3. MATERIAL SUPPLIERS WITH WHICH YOU REGULARLY DO BUSINESS. (IF YOU CANNOT COMPLY, SUBSTITUTE TWO OTHER SIMILAR BUSINESS REFERENCES), WITH NAMES AND ADDRESSES:

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4. I AM NOW DULY LICENSED AS A \_\_\_\_\_ CONTRACTOR IN THE FOLLOWING MUNICIPALITIES: **(LEAVE BLANK IF NO LICENSE HELD)** DO NOT LIST OCCUPATIONAL LICENSE NUMBERS.

NAME OF COUNTY/CITY OBTAINED

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COMPETENCY NUMBER(S)

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**(QUESTIONS 1 THRU 5 TO BE ANSWERED BY APPLICANT/QUALIFIER)** IF YOUR ANSWER IS YES TO THE FOLLOWING QUESTIONS, PLEASE EXPLAIN THE CIRCUMSTANCES IN DETAIL ON A SEPARATE ATTACHED SHEET:

1. HAVE YOU EVER BEEN A MEMBER OF A FIRM, WHICH FAILED TO PAY ALL SUBCONTRACTOR'S, MATERIAL SUPPLIES, OR LABORERS ON CONTRACT?

YES \_\_\_\_\_  
NO \_\_\_\_\_

2. HAVE YOU EVER BEEN A MEMBER OF A FIRM, WHICH HAS FAILED TO COMPLETE A CONTRACT?

YES \_\_\_\_\_  
NO \_\_\_\_\_

3. HAVE YOU EVER HAD A LIEN FILED AGAINST YOU, AS A CONTRACTOR, OR YOUR BUSINESS?

YES \_\_\_\_\_  
NO \_\_\_\_\_

4. HAVE YOU EVER BEEN CONVICTED OR PRESENTLY CHARGED WITH A MISDEMEANOR INVOLVING MORAL TRUPITUDE OR A FELONY WITHIN THE LAST FIVE (5) YEARS?

YES \_\_\_\_\_  
NO \_\_\_\_\_

5. HAVE YOU EVER HAD YOUR CERTIFICATE OF COMPETENCY SUSPENDED OR REVOKED? HAS THE DEPARTMENT OF PROFESSIONAL REGULATION SUSPENDED OR REVOKED YOUR CERTIFICATION OR REGISTRATION?

YES \_\_\_\_\_  
NO \_\_\_\_\_

"I CERTIFY THAT I WILL ACT FOR THE PARTNERSHIP, FIRM OR CORPORATION FOR WHICH I AM THE QUALIFIER, IN ALL MATTERS CONCERNING THE CONTRACTING BUSINESS, AND I WILL ACTIVELY SUPERVISE ALL CONSTRUCTION WORK AND BE RESPONSIBLE FOR ASCERTAINING THAT ALL SUCH WORK IS COMPLETED ACCORDING TO APPROVED PLANS, APPLICABLE BUILDING CODES AND GOOD CONSTRUCTION STANDARDS. I WILL IMMEDIATELY NOTIFY THE ST. LUCIE COUNTY EXAMINING BOARD IF I SEVER BUSINESS CONNECTIONS, WITH THE PARTNERSHIP, FIRM OR CORPORATION CONCERNED IN THIS APPLICATION, OR AM NO LONGER ACTIVELY SUPERVISING THE CONSTRUCTION WORK. I WILL IMMEDIATELY NOTIFY THE ST. LUCIE COUNTY EXAMINING BOARD OF ANY CHANGE IN MY BUSINESS STATUS AND/OR IN MY CONTRACTORS' STATUS, FROM THAT STATED IN THIS APPLICATION. I UNDERSTAND THAT SHOULD I HAVE A CHANGE IN MY BUSINESS STATUS AND/OR A CHANGE IN MY CONTRACTORS' STATUS, I AM REQUIRED TO SUBMIT A NEW APPLICATION TO THE EXAMINING BOARD TO REFLECT MY CHANGE IN STATUS. I FURTHER UNDERSTAND THAT MY NEW APPLICATION WILL BE PROCESSED IN THE SAME MANNER AS MY INITIAL APPLICATION AND ALL REQUIRED DOCUMENTS SHALL BE PROVIDED. I SHALL NOTIFY THE EXAMINING BOARD OF ALL CHANGES IN MY BUSINESS AND HOME MAILING ADDRESSES AND TELEPHONE NUMBERS INCLUDING CHANGES IN ZIP CODES AND TELEPHONE AREA CODES."

## **AFFIDAVIT**

TO BE ATTESTED TO BEFORE A NOTARY PUBLIC:

STATE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

BEFORE ME, AN OFFICER DULY QUALIFIED TO ADMINISTER OATHS AND TAKE ACKNOWLEDGEMENT, PERSONALLY APPEARED \_\_\_\_\_, KNOWN TO ME TO BE THE PERSON HEREIN DESCRIBED AND SUBSCRIBING HERETO, AND ON OATH DEPOSES AND SAYS: THAT THE STATEMENTS MADE IN THIS APPLICATION, TO THE BEST OF HIS/HER KNOWLEDGE, ARE TRUE AND CORRECT.

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me

this \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_\_, by \_\_\_\_\_,  
who is personally known to me or has produced

\_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Notary

# FINANCIAL STATEMENT

Statement of Financial  
Condition of:

Name of Business Being Certified

CURRENT ASSETS	AMOUNT	CURRENT LIABILITIES	AMOUNT
Cash in Bank	\$	Accounts Payable	\$
Notes Receivable	\$	Notes Payable in Bank	\$
Accounts Receivable	\$	Other Notes Payable	\$
Inventory	\$	Notes Receivable Discounted	\$
U.S. Government Securities	\$	Mortgages and Bonds Payable	\$
Other Current Assets (Itemized)	\$	Accrued Income Taxes	\$
	\$	Wages & Interest	\$
	\$	Other Current Liabilities (Itemized)	\$
	\$	Credit Cards	\$
<b>TOTAL CURRENT ASSETS</b>	<b>\$</b>	<b>TOTAL CURRENT LIABILITIES</b>	<b>\$</b>
Land	\$	Other Liabilities Due after 1 year (Itemized)	\$
Buildings Net (After Depreciation)	\$		
Machinery, Fixtures & Equipment (After Depreciation)	\$	<b>TOTAL LIABILITIES</b>	<b>\$</b>
Leasehold Improvements Net (After Depreciation)	\$		
Cash Value Life Insurance	\$	Capital Stock Surplus (If Corp)	\$
Stocks and Bonds	\$		
Prepaid Expenses and Deferred Charges	\$		
Other Assets (Itemized)	\$	Capital (If Corporation or Partnership)	\$
		<b>NET WORTH</b>	<b>\$</b>
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES AND NET WORTH</b>	<b>\$</b>

**Please Note: Total Assets must equal Total (Liabilities and Net Worth)**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Notary



Re: Collection of Personal Information

We care about your privacy and endeavor to protect it to the greatest extent possible. In order to obtain information to protect our office, and to provide you with benefits, certain personal information from you and your dependents must be obtained. For your information, social security numbers and benefits information are not subject to Florida's public records laws and are not furnished to anyone, unless properly subpoenaed by a court of law or provided to an agency whose need for the social security numbers are necessary to carry out their function. Your social security number will be obtained solely for the purpose of fulfilling duties and responsibilities as prescribed by law and include:

1. To process and report wages pursuant to the Social Security Administration Act
2. To report income pursuant to the Federal Department of Internal Revenue Service
3. To follow the guidelines set forth by the U.S. Citizen and Immigration Service
4. To initiate and process applicant or employee background checks
5. Drug Screening Test Identification
6. Process employment benefits including, but not limited to, Health Insurance, Florida Retirement, Income Reporting, Unemployment Compensation and Worker's Compensation.

**ST. LUCIE COUNTY  
FLORIDA  
CONTRACTOR CERTIFICATION BOARD  
BOARD MEETING SCHEDULE**

The Contractor Certification Board meets quarterly on the 3<sup>rd</sup> Wednesday of the month from 8:30 AM to 12 Noon in:

Commission Chambers  
Roger Poitras Annex  
2300 Virginia Avenue, 3<sup>rd</sup> Floor  
Fort Pierce, FL 34982

Cut-off dates are quarterly on the 1<sup>st</sup> Friday. Cut-off dates are final. Applications submitted after the cut-off date will be scheduled for the following monthly Board Meeting, if completed.

If applications are not completed, they will not be reviewed.

For directions and questions, please contact our office at 772-462-1672.

NOTE: Staff reserves the right to move application to the next agenda.

**ST. LUCIE COUNTY, FLORIDA  
CONTRACTOR CERTIFICATION BOARD  
2010 BOARD MEETING SCHEDULE**

**THE FOLLOWING CUT OFF DATES ARE FINAL. APPLICATIONS SUBMITTED AFTER THE CUTOFF DATE WILL BE SCHEDULED FOR THE FOLLOWING MONTHLY BOARD MEETING, IF COMPLETED. IF APPLICATIONS ARE NOT COMPLETED, THEY WILL NOT BE REVIEWED.**

**CUT OFF DATES**

**BOARD MEETING DATES**

**January 4, 2010**

**January 20, 2010**

**April 2, 2010**

**April 21, 2010**

**July 2, 2010**

**July 21, 2010**

**October 1, 2010**

**October 20, 2010**

**NOTE:      Staff reserves the right to move applications to the next Agenda.**

**The Contractor Certification Board meets the third Wednesday of the month in the Commission Chambers, Roger Poitras Annex, 2300 Virginia Avenue, Fort Pierce, Florida, from 8:30 A.M. to 12 NOON. You can contact our office @ (772) 462-1672 or (772) 462-1673 for directions and questions.**